

Tomato Tomahto—Precepting Pearls on an Unanticipated Language Barrier

Lauren Bruwer, BSN, RN-PCCN

Globalization is a trend among healthcare professionals, many of whom move from their countries of origin to seek further education, experience, and travel opportunities abroad. As the product of an international recruitment effort to curb the nursing shortage in the United States, I journeyed from the far-away shores of South Africa, certain that I would acclimatize well and find myself right at home speaking English in America.

Of the many insecurities I brought with me, having a language barrier was something I did not anticipate. The day I received a nursing hand-off report for the very first time, my excitement waned and all the insecurities I had experienced as a new graduate nurse 8 years prior overwhelmed me. Everything sounded foreign, and I was panic stricken! I had been a registered nurse for 8 years, so surely my preceptor would expect me to understand a hand-off report. But the foreignness of American English deafened my ears; I was shaken to my very core at the thought of exposing my vulnerabilities. Receiving a report was challenging enough for me, but the thought of providing a hand-off report was even more unsettling.

Speaking with an accent defines one's cultural heritage; however, the anxiety of having a nonnative accent is ever present among foreign nurses and one that preceptors must be attentive to. The tendency of the listener to "correct" pronunciation can be perceived by the speaker as judgmental. Rather the listener should embrace the opportunity to *hear* a familiar word as if for the very first time. Capturing the attention of the listener amplifies the *beauty* and not the *barrier* of speaking with an accent. To the foreign-born speaker, pronunciation that is not of native tongue feels fraudulent and may even translate into an identity struggle or imposter syndrome.

Lauren Bruwer, BSN, RN-PCCN, is Clinical Nurse Specialist Intern, The Cleveland Clinic, Lakewood, Ohio.

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ADDRESS FOR CORRESPONDENCE: Lauren Bruwer, 1530 Spring Garden Ave, Lakewood, OH 44107 (e-mail: bruwerl@ccf.org).

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One of the unanticipated challenges to consider as a foreign-born nurse is the distraction of an accent. Providing a detailed handoff report, taking care to include the most salient points critical to the continued care of a vulnerable and fragile patient, is a skill developed over time and with much practice. I recall an overwhelming frustration after successfully communicating complex patient information in professional terms to a receiving nurse in a hand-off report. I asked if she had any questions—only to be met with the response: "Where are you from?" In an effort to keep the hand-off report patient-focused and productive, I would redirect the question in a manner that implied I had not been clear, because I was more concerned about the diversion of attention *from* patient care *to* my accent and was truly worried about patient safety. Questions raced through my mind! Had the receiving nurse grasped the detailed and sophisticated complexities about the plan for care? Had she listened attentively so as to anticipate the pending and potentially critical laboratory values? Would she remember to speak into the patient's left ear because their right ear is deaf? This is an example of the unanticipated language barrier that evoked anxiety long after my shift had ended.

Another consideration is the patient's perception of nursing skill, which may be influenced by an accent. Patients may determine the clinical and technical skill level of a nurse based on language. In a descriptive qualitative study by Wysong and Driver (2009, p. 29), a patient identified the language skills of the nurse as a determinant of clinical skill, listing the inability to understand nurses because of their accent as an attribute of nurses who are *not* skilled. "Language barriers are cited by nurses and employers as the most significant challenge for foreign nurses working in the United States. Difficulty in communication due to language skills raises questions about possible patient care and safety issues" (Wysong & Driver, 2009, p. 35).

Preceptors must give thoughtful consideration to the socialization needs of a foreign-born nurse, including wise counsel regarding language barriers.

Precepting Pearls:

- Provide permission for the learner to be authentic.
- Encourage free exchange of cultural history.

- Be open to learning a new twist on the English language.
- Listen attentively and seek clarity.
- Avoid correcting pronunciation.
- Offer helpful suggestions.
- Embrace the opportunity to nurture a foreign soul who yearns for a sense of belonging.
- Become a broker for cultural sensitivity.
- Humor can be helpful or hurtful—choose wisely.
- Bridge the divide between clinical expertise and language skills—remain objective and true.
- Encourage the learner to communicate clearly, concisely, and confidently.

After living and working in the United States for 14 years, I am a well-adjusted foreign-born nurse. I have learned to master American pronunciation and have done so not at the expense of my South African authenticity, but rather to enhance my communication skills. On occasion, I am known to fumble, and I am reminded of this when a subtle audience stares blankly or whispers questions as they seek clarity from one another and not from me.

Accent Anecdotes:

- Provide permission for the listener to be intrigued—welcome questions.
- Honor your cultural heritage—share your story of migration.
- Adapt and adopt—learning to pronounce common words in common ways avoids frustration, enhances communication, and demonstrates flexibility.
- Speak slowly, clearly, and concisely.

- Eye contact communicates confidence.
- Maintain normal volume—speaking louder amplifies your accent.
- Communicate your need for socialization to a new culture.
- A sense of humor trumps sensitivity—laughter is easier to understand than emotion!
- Your accent is a gift—give generously and you will receive abundantly.

Cultural heritage aside, accent bears no influence on the universal language of caring. Words are not required to communicate the shared sorrow of loss, the jubilation of a new life, an empathetic embrace, or the desire to alleviate suffering. In this regard, the language of nursing is woven from a common thread, intricately linked by a capacity for connectedness, and a universal voice that transcends geographical boundaries.

For better or for worse, *accents* are a continuum of genetic heritage, a subtle clue that the foreign-born nurse brings rich experience, cultural diversity, and international expertise to the bedside. *Nursing* is universal—it “speaks” an international language of love, care, compassion, grace, resilience, intelligence, faith, hope, technical savvy, wisdom, and professionalism—sometimes without the utterance of a single word. No translator required!

Reference

Wysong, P. R., & Driver, E. (2009). Patients' perceptions of nurses' skill. *Critical Care Nurse*, 29(4), 24–37.